



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ0001319250

DIXON JOSEPH CRUCIBLE COMPANY  
167 WAYNE ST  
JERSEY CITY NJ 07303

INSTALLATION ADDRESS

167 WAYNE ST  
JERSEY CITY NJ 07303







I.D. - FOR OFFICIAL USE ONLY

S	W	U	J	D	0	0	1	3	1	9	2	5	0	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2 *	U 0 4 1 *	U 1 1 7 *	U 1 5 4 *	U 1 8 6 *	U 2 2 0 *
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 2 6 *	U 2 3 9 *				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

Donald E. Williams  
Works Manager

DATE SIGNED

8/13/80

EPA Form 8700-12 (6-80) REVERSE

## NOTES

\*We do not manufacture these solvents, but we use them in our process.

At the present time we do not generate a total of 1000 kilograms of hazardous wastes within a calendar month.





DATE RETURNED \_\_\_\_\_  
REASON \_\_\_\_\_

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # UJD001319250

*Complete*

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980

☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NON-NOTIFIER ☐  
(2) NOTIFIED after AUGUST 18, 1980

☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY  
(missing name and address on Form 3) ☐

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

*AOK*





FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
III. FACILITY NAME		PLEASE PLACE LABEL IN THIS SPACE		F N J D O O 1 3 1 9 2 5 0	
V. FACILITY MAILING ADDRESS				1 2 13 14 15	
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS				GENERAL INSTRUCTIONS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		16 17 18		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		22 23 24		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		28 29 30		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		34 35 36		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40 41 42		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP JOSEPH DIXON CRUCIBLE COMPANY					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 WILLIAMS DONALD E WORKS MANAGER			2 0 1 3 3 3 0 0 0 0		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 1 6 7 WAYNE STREET					
B. CITY OR TOWN				C. STATE	
4 JERSEY CITY				N J	
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 1 6 7 WAYNE STREET					
B. COUNTY NAME					
HUDSON					
C. CITY OR TOWN				D. STATE	
6 JERSEY CITY				N J	
				E. ZIP CODE	
				0 7 3 0 3	
				F. COUNTY CODE (if known)	



## VIII. OPERATOR INFORMATION

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
J E R S E Y C I T Y															N J		0 7 3 0 3		Is the facility located on Indian lands?	
																			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS																
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)						
C	T	I								C	T	I				
9	N									9	P					
15	16	17	18					30	15	16	17	18			30	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)					(specify)	
C	T	I								C	T	I				
9	U									9						
15	16	17	18					30	15	16	17	18			30	
C. RCRA (Hazardous Wastes)										E. OTHER (specify)					(specify)	
C	T	I								C	T	I				
9	R									9						
15	16	17	18					30	15	16	17	18			30	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF PENCILS, ERASERS, WRITING INGREDIENTS FOR PENCILS,  
INDUSTRIAL CRAYONS, MARKERS, OTHER WRITING PRODUCTS: ALSO MANUFACTURE  
GRAPHITE LUBRICANTS AND SELL PACKAGED GRAPHITE.

$$F_9: \frac{A}{51}$$

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME &amp; OFFICIAL TITLE</b> <i>(type or print)</i> JOHN P. McDERMOTT GROUP VICE PRESIDENT	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 
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COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
15	16



<b>FORM 3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			S F N J D O O 1 3 1 9 2 5 0 T/A C 3 1											
			1 2 13 14 15											

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>
23	8 0 1 1 1 9	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

Not certain of dates, but more than 20 years ago

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
	8	6 0	0 1	

☐ 2. NEW FACILITY (Complete item below.)

71	YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C T/A C I																	
D U P																	
1 2 13 14 15																	
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)		2. UNIT OF MEAS- URE (enter code)							1. AMOUNT		2. UNIT OF MEAS- URE (enter code)				
X-1	S 0 2	600	G						5								
X-2	T 0 3	20	E						6								
1	S 0 1	up to 2,860 per year	G						7								
2	S 0 1	2860000	G						8								
3									9								
4									10								
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32																	



**III. PROCESSES** *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES**1. **PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
X-1	K	0	5	4	900	P	T	0	3	D	8	0			
X-2	D	0	0	2	400	P	T	0	3	D	8	0			
X-3	D	0	0	1	100	P	T	0	3	D	8	0			
X-4	D	0	0	2											included with above



**NOTE:** Photocopy this page before completing if you have more than 26 wastes to list.

[illegible]



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

$FG: \frac{A}{55}$        $FG: \frac{A}{56}$

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	0	1	3	1	9	2	5	0	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

7	4	02	38	0
65	66	67	68	69

See map  
att. to Form #1

LONGITUDE (degrees, minutes, &amp; seconds)

0	4	0	45	08	0
72	73	74	75	76	77

See map att.  
to Form #1**VIII. FACILITY OWNER**
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John P. McDermott  
Group Vice President

B. SIGNATURE

John P. McDermott

C. DATE SIGNED

11/17/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

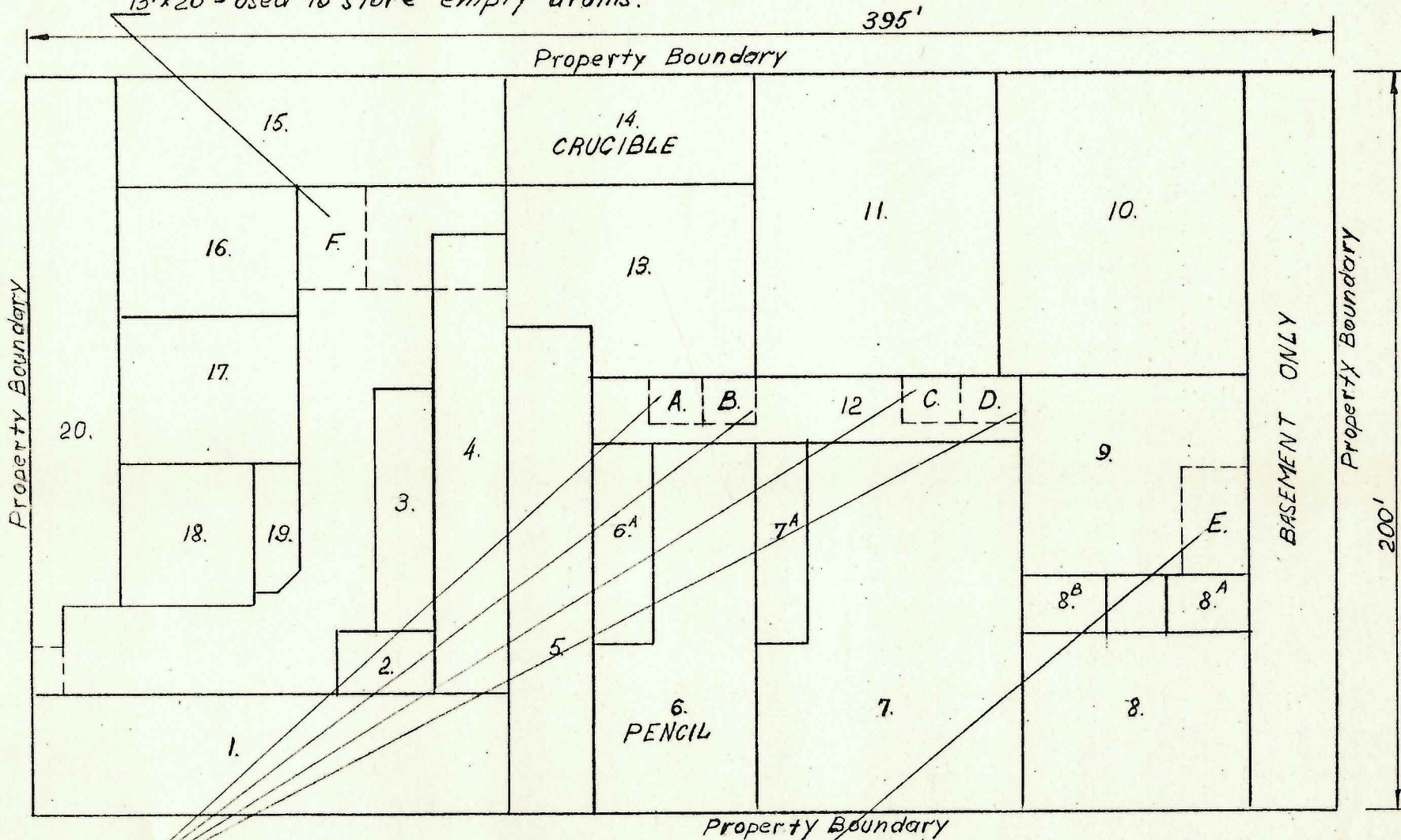
C. DATE SIGNED



# THE JOSEPH DIXON CRUCIBLE COMPANY.

## Waste Storage

F-Bldg 15 outside platform 1<sup>st</sup> floor Dimensions  
13'x20' - Used to store empty drums.



Four approved fire rated  
vaults in Bldg 12 basement  
Dimensions are 10'x24' each  
Used to store full drums

Approved fire rated vault  
in Bldg 9 - 5<sup>th</sup> floor Dimensions 26'x38'  
Used to store full drums.

SCALE 1"=45'

V. Facility Drawing

UTD001319250  
JOSEPH DIXON

11/5/80







## V. FACILITY DRAWING (see page 4)







## VI Photographs

A-VAULT BLDG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80.

B-VAULT BLDG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80.

C-VAULT BLDG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80

D-VAULT BLDG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80

E-VAULT BLDG 9 5th FLOOR



DATE PHOTO TAKEN - 11/6/80

F-BARREL STORAGE CRUCIBLE

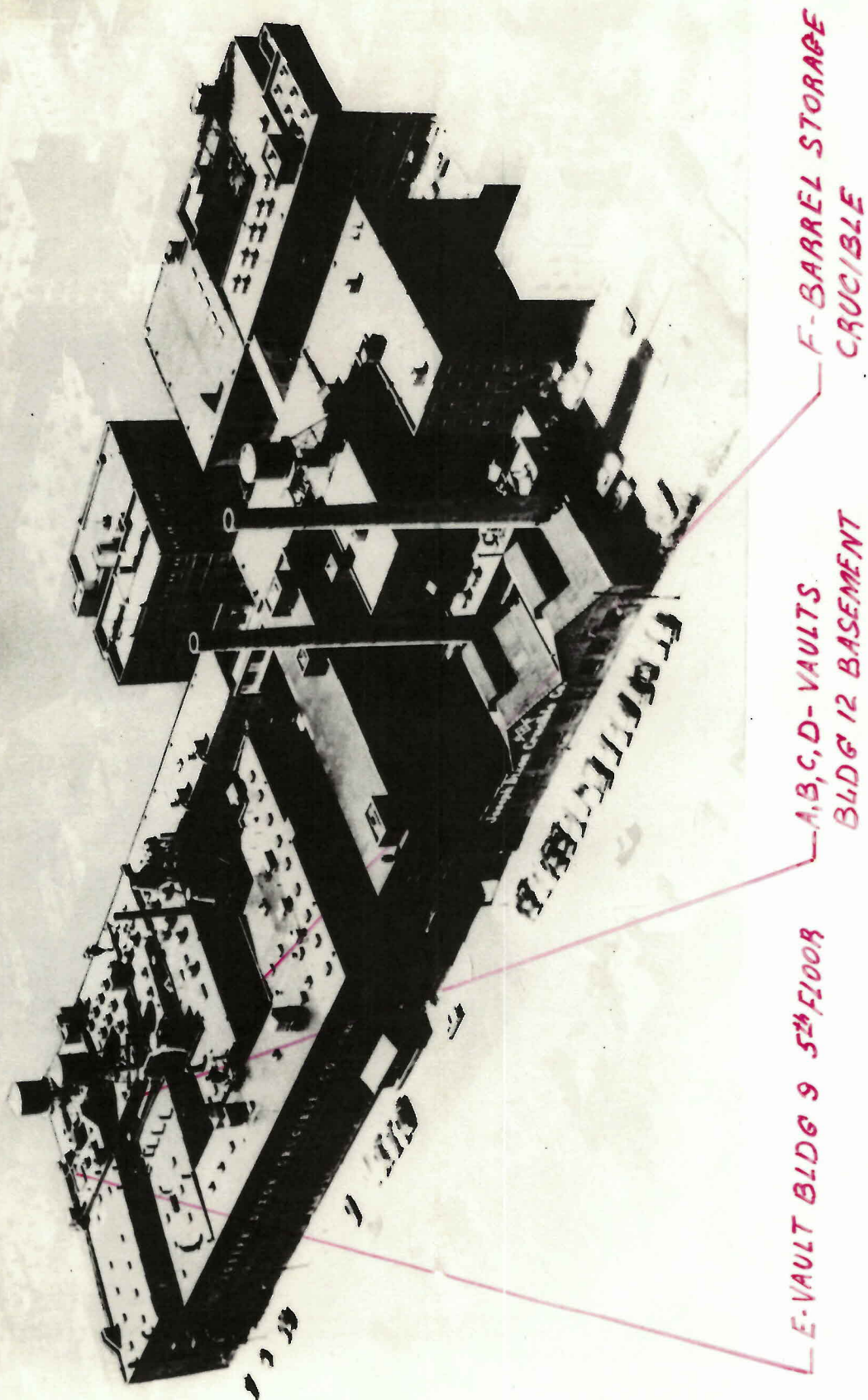


DATE PHOTO TAKEN - 11/6/80





VI Photographs









## The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

November 10, 1980

EPA Region II  
Information Service Center  
26 Federal Plaza  
New York, N. Y. 10007

Gentlemen:

With regard to the attached permit application forms, although our Jersey City operations generate a small amount of hazardous waste and we do not plan on storing this waste for 90 days, we understand that numerous problems are expected with regard to certified haulers and disposal sites. Therefore, in order to protect ourselves, we are applying for a permit to store.

Attached to Form #1 is the best topographical map we were able to obtain at this time. We wrote to the U.S. Geological Survey for a map of Jersey City and received a reply indicating that these maps were out of stock and that we should reorder in 90 days.

We trust that the map that we have enclosed will be satisfactory.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

A handwritten signature in blue ink that reads "John P. McDermott".

John P. McDermott  
Group Vice President

JPM:at  
enc.







237161

1981 JUL 14 2 18 PM '82

AIR & WASTE MANAGEMENT  
DIVISION  
JUL 14 2 18 PM '82  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY,  
REGION II  
NEW YORK, N.Y.



HAZARDOUS WASTE FACILITY

CERTIFICATE OF LIABILITY INSURANCE

1. Zurich Insurance Co., the "Insurer" of 156 William Street  
New York, N.Y. 10038, hereby  
certifies that it has issued liability insurance covering bodily injury and  
property damage to Joseph Dixon in connection with the insureds obliga-  
tion to demonstrate financial responsibility under 40 CFR 264-147 or 265-147.  
The coverage applies at:

Schedule

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification No.</u>
Joseph Dixon Crucible Company	167 Wayne Street Jersey City, N.J. 07303	NJ D001319250

\$1 Million per Occurrence  
\$1 Million Annual

For sudden accidental occurrences, the limits of liability are Aggregate,  
exclusive of legal defense costs. The coverage is provided under policy number  
GA8060730, issued on 1/1/82. The effective date of said  
policy is 1/1/82.

2. The insurer further certifies the following with respect to the insurance  
described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Zurich  
Ins. Co. of its obligations under the policy.
- (b) The Zurich Ins. Co. is liable for the payment of amounts within any  
deductible applicable to the policy, with a right of reimbursement by  
the insured for any such payment made by the Zurich Ins. Co.. This  
provision does not apply with respect to that amount of any deductible  
for which coverage is demonstrated as specified in 40 CFR 264-147 (f)  
or 265-147 (f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmen-  
tal Protection Agency (EPA), the Insurer agrees to furnish to the Re-  
gional Administrator a signed duplicate original of the policy and all  
endorsements.
- (d) Cancellation of the insurance, whether by Zurich Ins. Co. or the  
Insured, will be effective only upon written notice, and only after  
the expiration of sixty (60) days after a copy of such written notice  
is received by the Regional Administrator(s) of the EPA Region(s) in  
which the facility(ies) is (are) located.





Hazardous Waste Facility  
Certificate of Liability  
Insurance - Page (2)

2. Continued

- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that the Zurich Ins. Co. is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Name

Title

Address

John Harris

UNDERWRITING MANAGER

156 William Street, New York





HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: First State Insurance Company  
Address of Insurer: 60 Batterymarch Street, Boston, Massachusetts 02110

hereby certifies that it has issued liability insurance covering  
Bodily Injury and Property Damage to:

Name of Insured: Joseph Dixon Crucible Company  
167 Wayne Street  
Address of Insured: Jersey City, New Jersey 07303

in connection with the insured's obligation to demonstrate financial  
responsibility under 40 CFR 264.147 or 265.147. The coverage applies  
at (Various Locations - See Below) for "sudden accidental occurrences."  
The limits of liability are \$ Nil each occurrence and  
\$ 1,000,000. annual aggregate, excess of underlying limits of  
\$ 1,000,000. each occurrence and \$ 1,000,000. annual aggregate,  
exclusive of legal defense costs. The coverage is provided under  
policy number 950497 issued on 1/21/82.  
The effective date of said policy is 1/1/82.

2. The insurer further certifies the following with respect to the insurance  
described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve  
the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any  
deductible applicable to the policy, with a right of  
reimbursement by the insured for any such payment made by  
the Insurer. This provision does not apply with respect  
to that amount of any deductible for which coverage is  
demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by a Regional Administrator of the U.S.  
Environmental Protection Agency (EPA), the Insurer agrees  
to furnish to the Regional Administrator a signed duplicate  
original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or  
the insured, will be effective only upon written notice  
and only after the expiration of sixty (60) days after a  
copy of such written notice is received by the Regional  
Administrator(s) of the EPA Region(s) in which the  
facility(ies) is (are) located.





- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

SCHEDULE

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification Number</u>
Joseph Dixon Crucible Company	167 Wayne Street Jersey City, N. J. 07303	NJ D001319250

Albert Conde

Albert Conde  
Vice President  
Authorized Representative of First State Insurance Company  
88 Pine Street, Suite 2700  
New York, N. Y. 10005





HAZARDOUS WASTE FACILITY

CERTIFICATE OF LIABILITY INSURANCE

1. Zurich Insurance Co. \_\_\_\_\_, the "Insurer" of 156 William Street New York, N.Y. 10038, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Joseph Dixon \_\_\_\_\_ in connection with the insureds obligation to demonstrate financial responsibility under 40 CFR 264-147 or 265-147. The coverage applies at:

Schedule

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification No.</u>
Joseph Dixon Crucible Company	167 Wayne Street Jersey City, N.J. 07303	NJ D001319250

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- (b) The Zurich Ins. Co. is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Zurich Ins. Co. \_\_\_\_\_. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264-147 (f) or 265-147 (f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by Zurich Ins. Co. \_\_\_\_\_ or the Insured, will be effective only upon written notice, and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.



Hazardous Waste Facility  
Certificate of Liability  
Insurance - Page (2)

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2. Continued

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Name

John Davis

Title

UNDERWRITING MANAGER

Address 156 William Street, New York





HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: First State Insurance Company  
Address of Insurer: 60 Batterymarch Street, Boston, Massachusetts 02110

hereby certifies that it has issued liability insurance covering  
Bodily Injury and Property Damage to:

Name of Insured: Joseph Dixon Crucible Company  
167 Wayne Street  
Address of Insured: Jersey City, New Jersey 07303

in connection with the insured's obligation to demonstrate financial  
responsibility under 40 CFR 264.147 or 265.147. The coverage applies  
at (Various Locations - See Below) for "sudden accidental occurrences."  
The limits of liability are \$ Nil each occurrence and  
\$ 1,000,000. annual aggregate, excess of underlying limits of  
\$ 1,000,000. each occurrence and \$ 1,000,000. annual aggregate,  
exclusive of legal defense costs. The coverage is provided under  
policy number 950497 issued on 1/21/82.  
The effective date of said policy is 1/1/82.

2. The insurer further certifies the following with respect to the insurance  
described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve  
the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any  
deductible applicable to the policy, with a right of  
reimbursement by the insured for any such payment made by  
the Insurer. This provision does not apply with respect  
to that amount of any deductible for which coverage is  
demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by a Regional Administrator of the U.S.  
Environmental Protection Agency (EPA), the Insurer agrees  
to furnish to the Regional Administrator a signed duplicate  
original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or  
the insured, will be effective only upon written notice  
and only after the expiration of sixty (60) days after a  
copy of such written notice is received by the Regional  
Administrator(s) of the EPA Region(s) in which the  
facility(ies) is (are) located.





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SCHEDULE

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification Number</u>
Joseph Dixon Crucible Company	167 Wayne Street Jersey City, N. J. 07303	NJ D001319250

Albert Conde

Albert Conde

Vice President

Authorized Representative of First State Insurance Company

88 Pine Street, Suite 2700

New York, N. Y. 10005



## United States Department of the Interior

BRANCH OF DISTRIBUTION, EASTERN REGION  
 U.S. GEOLOGICAL SURVEY  
 1200 SOUTH EADS STREET  
 ARLINGTON, VIRGINIA 22202



IN REPLY REFER TO:

## COST SUMMARY

JOSEPH DIXON CRUCIBLE CO.  
 ATTN: M. O. FISCHER  
 167WAYNE ST  
 JERSEY CITY, NJ 07303

Order Date 10-6-80  
 Order Number \_\_\_\_\_  
 Survey Acct. No. 3531  
 Account No. Date 10-10-80

PLEASE TEAR OFF UPPER PORTION &amp; RETURN WITH PAYMENT

DATE SHIPPED	QUANTITY	DESCRIPTION	AMOUNT
		Standard Topographic Maps @ \$1.25	
		1:250,000 - Scale Series @ \$2.00	
		Special Maps	

## REMARKS:

The Jersey City NJ 7.5' map is presently out of stock. Please re-order in 90 days, at which time we hope to have the approximate reprint date available.

FOR CREDIT OR REFUND RETURN  
 ENTIRE ORIGINAL COPY

- ☐ A slip was included with your order explaining the reason/s some maps could not be supplied.

TOTAL ORDER .00  
 DISCOUNT \_\_\_\_\_  
 NET .00  
 POSTAGE .00

PLEASE CHECK ONE IF BOX ON RIGHT IS NOT CHECKED.

- ☐ Apply credit to my enclosed new order.  
 (return form with order)
- ☐ Refund the balance due me.  
 (return form for refund)

TOTAL COST .00  
 AMT. RECEIVED 3.75  
 AMT. DUE \_\_\_\_\_  
 CREDIT 3.75-

- ☐ A refund in the amount of \_\_\_\_\_ is being made and will be paid you in the form of a Treasury check/or is enclosed in coins.

CUSTOMER SIGNATURE \_\_\_\_\_





# OUT OF STOCK

NOTICE \*\*

*Jersey City N.J.*

*1:24,000*

IS OUT OF STOCK. PLEASE RE-ORDER

AFTER *90 days*

U. S. GEOLOGICAL SURVEY  
BRANCH OF DISTRIBUTION, ER  
1200 SOUTH EADS STREET  
ARLINGTON, VIRGINIA 22202

*9/80*

*E 8-586*







NYD001318250

**The Joseph Dixon Crucible Company**

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

*file*

July 15 1980

Mr Harry Ruisi  
EPA Region II  
Information Service Center  
26 Federal Pl  
New York 10007

Dear Mr Ruisi:

We have been unable to contact you via telecon and we have a few questions concerning the Notification of Hazardous Waste Activity under RCRA.

We do generate hazardous wastes in small quantities (under 1000 Kg per month.

We plan to file with EPA before 8/18/80 because we think we have to file in order to get a permit to ship these wastes to an authorized waste handler. Is this correct?

Thank you for your help.

Very truly yours

*John J. Healy*

Research and Technical Division

JJHealy

NEW YORK, N.Y. 10007  
ENVIRONMENTAL PROTECTION  
AGENCY  
JUL 16 12 13 PM '80  
FAB



[illegible]







## The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

January 12, 1981

*Call  
#hes  
Bill*

E P A Region II  
Information Service Center  
26 Federal Plaza  
New York, N. Y. 10007

*NSD001319250  
called & given info.  
11/17/80*

Gentlemen:

On 11/17/80, we forwarded to your offic Form #1-General Information and Form #3-Hazardous Waste Permit Application. To date, we have received no acknowledgment from you.

Please contact us at your earliest convenience to let us know when acknowledgment can be expected.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

*D. E. Williams*

D. E. Williams  
Works Manager

DEW:at







## The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

November 17, 1980

Environmental Protection Agency  
26 Federal Plaza  
New York, N. Y. 10007

CON: AMENDED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RE: THE JOSEPH DIXON CRUCIBLE CO. #NJD 001 319 250

Gentlemen:

We filed a Notification of Hazardous Waste Activity with you in August 1980 and we now wish to add to it. We recently found out that one of the Rubber Accelerators we use is listed under #261.33 as Thiuram P-117.

We use this accelerator in rod form and have no waste from it. The only waste we will have is the plastic liners from the drums the accelerator is shipped in.

We use approximately 5 drums each year, so therefore, we will probably have to store the liners until we get enough to ship to a disposal plant.

Please correct us if we have made any wrong assumptions.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

D. E. Williams  
Works Manager

DEW:at





## The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

October 14, 1980

EPA Region 11  
Information Service Center  
26 Federal Plaza  
New York, N. Y. 10007

ATTN: Mr. Harry Ruisi

CON: INSTALLATION EPA ID NO. - NJD001319250

Dear Sir:

On 8/13/80, we sent a completed "Notification of Hazardous Waste Activity" form to you.

It is my understanding that we are to let you know if we do not receive an acknowledgment from your office within eight weeks of notification.

I would like to inform you that as of this date, we have received no acknowledgment.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

A handwritten signature in blue ink that reads "Donald E. Williams".

Donald E. Williams  
Works Manager

DEW:at







## The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

July 13, 1982

*delete  
7/5/82  
status*

Dr. Richard Baker  
Chief of Permits Administration Branch  
Air and Waste Management Division  
U.S. Environment Protection Agency  
26 Federal Plaza  
New York, N. Y. 10278

EPA NO. N.J. DOO1319250

Dear Dr. Baker:

*delete  
C119, C1105  
date*

On 11/10/80, the Joseph Dixon Crucible Company filed for a permit to store hazardous waste for more than 90 days. We are a small generator and the data we have compiled since our original filing date indicates that we are generating approximately 165 gal's. per month.

*JH  
HWOMs  
9/24/82*

It has been our practice to accumulate this waste until we have enough to move it to a disposal facility in truckload quantities.

Because of all the extra requirements we are apparently going to have to meet to comply with the EPA regulations, we are hereby requesting a change in our status and wish to withdraw our application as a storage facility under the law.

We will henceforth, remove our hazardous waste on a regular basis so that it does not accumulate for 90 days.

Sincerely yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

*D. E. Williams*  
D. E. Williams  
Works Manager

DEW:at

PERMITS ADMIN. BRANCH  
REGION II  
JUL 15 3 02 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10002

# The Joseph Dixon Crucible Company

107 West 34th Street, New York City, N.Y. 10018

Telephone: (212) 512-1000



For more information  
on the many uses  
of Dixie products,  
write to the  
Dixie Company,  
107 West 34th Street,  
New York City, N.Y. 10018.

## Product Information

The Dixie Company is a leading manufacturer of high quality products. Our products are made from the finest materials and are designed to last. We have a wide variety of products to meet your needs. For more information, please write to the Dixie Company, 107 West 34th Street, New York City, N.Y. 10018.

Our products are made from the finest materials and are designed to last. We have a wide variety of products to meet your needs. For more information, please write to the Dixie Company, 107 West 34th Street, New York City, N.Y. 10018.

Our products are made from the finest materials and are designed to last. We have a wide variety of products to meet your needs. For more information, please write to the Dixie Company, 107 West 34th Street, New York City, N.Y. 10018.

*Handwritten signature*



EPA



# State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

### DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON  
DIRECTOR

March 8, 1983

LINO F. PEREIRA  
DEPUTY DIRECTOR

Joseph Dixon Crucible Company  
Donald Williams, Mgr  
167 Wayne Street  
Jersey City, NJ 07303

PERMITS ADMIN. BRANCH  
MAR 17 8 33 AM '83  
ENVIRONMENTAL PROTECTION  
NEW YORK, N.Y. 10001

RE: Facility Operating Status

Dear Sir:

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

GH  
HWDMS  
3/24/83

EPA ID NO. NJD001319250

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

*New Jersey Is An Equal Opportunity Employer*



5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:

- (i) The waste pile is no larger than 200 cubic yards; and
- (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
- (iii) Run-on shall be diverted away from the pile; and
- (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

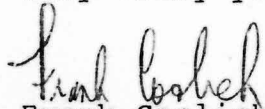
This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell  
NJDEP, Division of Waste Management

Tom Taccone  
USEPA, Region II







**ROAD CLASSIFICATION**

Heavy-duty ————— Light-duty —————

Unimproved dirt =====

○ Interstate Route    ◡ U. S. Route    ○ State Route

**JERSEY CITY, N. J. — N. Y.**  
N4037.5—W7400/7.5

1967

AMS 6165 II NE—SERIES V822

Handwritten text at the top of the page, possibly a title or header, which is mostly illegible due to fading.

Main body of handwritten text, consisting of several lines of cursive script. The text is very faded and difficult to decipher, but appears to be a continuous paragraph or list.













MANHATTAN BRIDGE 0.3  
42°30'

LONG ISLAND EXPWY 6 MI.  
6295 III NW  
(BROOKLYN)

4603

NEW YORK

HUDSON

FERRY

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE

WILLIAMSBURG

BRIDGE PLAZA

GOVERNORS ISLAND

LIBERTY ISLAND

ELLIS ISLAND

STATUE OF LIBERTY

BLACK TOM

INTERCHANGE

CLAREMONT

GREENVILLE





# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM

Version 5.0

## User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD001319250	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 05/31/2018		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages: 4      Total Handlers: 1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

Name:	cme_foia.rdf
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	May 2012
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries:	none



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM

Page 2

DIXON JOSEPH CRUCIBLE CO

County Name / Code: HUDSON / NJ017

NJD001319250

Location: 167 WAYNE ST; JERSEY CITY, NJ 07303

REGION 02

Mailing: 167 WAYNE ST; JERSEY CITY, NJ 07303

Activity Location: NJ	State District: NORTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ---	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

## Evaluations With No Violations:

CEI Evaluation	10/03/1983	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM

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## Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

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